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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

mk

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

mk

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

09/09/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>mk</i>		

## ADDRESS

36802

## TITLE

System and method for detecting cardiac ischemia using an implantable medical device

<b>FILING FEE RECEIVED</b> 1532	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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